

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					✓	
2					✓	
3						
4						
5						
6						
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11						
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13						
14						
15						
16						
17						
18						
19						
20						
21					1	
22					1.	
23					1	
24					1	
25					1.	
26					1	
27					1	
28					1	
29					2	
30					1	
31					1	
32					1	
33					1	
34					3	
35					1	
36					4	
37					1	
38						
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41						
42						
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45						
46						
47						
48						
49						
50						
TOTAL IND.					4	
TOTAL DEP.					20	
TOTAL CLAIMS					24	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						